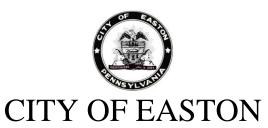
Date Registration Received by City:



123 S Third Street Easton, PA 18042 phone (610) 250-6724 fax (610) 250-6607 e-mail codes@easton-pa.gov

7	ZONING PER	MIT APPLICA	TION	I		
Application is hereby made to the Easton	Zoning Admini	istrator for (explain	n propo	osal):		
No Impact Home Based Business -		located at				
hereby certify that I am the legal or equitant of the supplied hereunder shall render this applicates:	e best of my kno	wledge. I understar	nd that	any misreprese		
Home Office \$50.00 CO Inspection\$75.00 Business License\$25.00		(Signature of Legal or Equitable Owner)				
OWNER: name		APPLICANT:	name	<u> </u>		
address			addre	SS		
phone		phon	phone			
TO BE COMPLETED BY: AP		<u>PLICANT</u>		ZONING ADMINISTRATOR (FOR OFFICE USE ONLY)		
Required Information				Required	Notes	
Location of Home Office						
•••••	* * * <b>FOR OF</b>	FICE USE ONLY	. • • • • • * * *	• • • • • • • • •	•••••	••••
DATE REC'D:	DATE RE	VIEWED:		REVIEWED	BY:	
FEE REC'D:	APPROVE			— REFER TO PLANNING AS		
REC'D BY:	COMMEN	JTS:				
PERMIT NO:						
ZONING DISTRICT:						